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Bib Data Sheet

CONFIRMATION NO. 4931

SERIAL NUMBER 10/691,273	FILING OR 371(c) DATE 10/22/2003 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. 2382
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\* *Name PT*\*\* FOREIGN APPLICATIONS \*\*\*\* *Name PT*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Yamini</i> <i>PT</i> Examiner's Signature Initials				

## ADDRESS

28005

## TITLE

METHOD AND SYSTEM FOR MANAGING ABNORMAL DISCONNECTS DURING A STREAMING MEDIA SESSION

FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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